

AGREEMENT FOR SERVICES #538-PHD0706
AMENDMENT I

This Amendment I to that Agreement for Services #538-PHD0706, made and entered into by and between Marshall Medical Center (hereinafter referred to as "Marshall"), a non-profit general acute care hospital operating under the laws of California whose principal place of business is 1100 Marshall Way, Placerville, CA 95667, and the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County")

WITNESSETH

WHEREAS, the Department of Public Health has been reorganized and is now known as the Public Health Division of the Health Services Department; and

WHEREAS, County has been engaged by Marshall to process a variety of lab specimens on an "as needed" basis, including tuberculosis testing, in accordance with Agreement for Services #538-PHD00706, dated August 22, 2006, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to increase the number of testing procedures available for tuberculosis in said Agreement, hereby amending **ARTICLE III - COMPENSATION**; and

WHEREAS, the parties hereto have mutually agreed to amend **ARTICLE VII - NOTICE TO PARTIES** and **ARTICLE XII - ADMINISTRATOR**; and

WHEREAS, the parties hereto have mutually agreed to add Quantiferon Gold testing hereby amending Exhibits B and C.

NOW THEREFORE, the parties do hereby agree that Agreement for Services #538-PHD0706 shall be amended a first time as follows:

All references in the original agreement to the “County Public Health Department,” “Public Health Laboratory” or “PHD” shall be deemed to refer to the Public Health Division of the Health Services Department.

I. Article III shall be amended to read in its entirety as follows:

ARTICLE III - COMPENSATION

Marshall agrees to pay County fees for service based on the County Board of Supervisors approved fee schedule, Exhibit B (amended). Fees may be subject to increase upon County Board approval. In the event of a fee increase, County will submit a letter to Marshall with an updated fee schedule informing Marshall of the fee increase no later than 30 days before the effective date of the fee change. Payments to County by Marshall will be within 30 days of receipt and approval of monthly original invoices on County’s letterhead referencing this Agreement.

II. Article VII shall be amended to read in its entirety as follows:

ARTICLE VII – NOTICE TO PARTIES

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested.

Notices to County shall be in duplicate and addressed as follows:

**EL DORADO COUNTY HEALTH SERVICES DEPARTMENT
931 SPRING STREET
PLACERVILLE, CA 95667
ATTN: NEDA WEST, DIRECTOR**

or to such other location as County directs.

Notices to Marshall shall be in duplicate and addressed as follows:

**MARSHALL MEDICAL CENTER
1100 MARSHALL WAY
PLACERVILLE, CA 95667
ATTN: CONTRACTS**

or to such other location as Marshall directs.

III. Article XII shall be amended to read in its entirety as follows:

ARTICLE XII – ADMINISTRATOR

The County Officer or employee with responsibility for administering this Agreement is Sharon Elliott, Acting Assistant Director, Health Services Department – Division of Public Health, or successor.

IV. Exhibit B shall be amended and replaced with new Exhibit B attached hereto and incorporated herein.

V. Exhibit C shall be amended and replaced with new Exhibit C attached hereto and incorporated herein.

Except as herein amended, all other parts and sections of that Agreement #538-PHD0706 shall remain unchanged and in full force and effect.

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By:  Dated: 6-19-09
Neda West, Director
Health Services Department

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Purchasing #

IN WITNESS WHEREOF, the parties hereto have executed this first Amendment to that Agreement for Services #538-PHD0706 on the dates indicated below, the latest of which shall be deemed to be the effective date of this Amendment.

-- COUNTY OF EL DORADO --

By: _____
Ron Briggs
Board of Supervisors
"County"

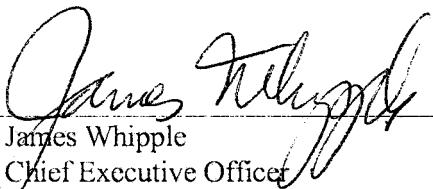
Dated: _____

ATTEST:
*Suzanne Allen de Sanchez Clerk
of the Board of Supervisors*

By: _____
Deputy Clerk

Date: _____

-- MARSHALL MEDICAL CENTER --

By:  _____
James Whipple
Chief Executive Officer
"Marshall"

Date: 6/10/09

EXHIBIT B (amended)

Description	Test Code	Proposed Fee
Acid Fast Bacilli Concentration	87015	15.00
Acid Fast Bacilli Culture	87116	20.00
Acid Fast Bacilli Stain	87206	10.00
Bacterial Culture	97070	27.00
Bacterial PCR	87798	45.00
Blood Lead (Aniodic)	83655	28.00
Bordetella Pertussis Culture	87070	27.00
Campylobacter Culture	87081	6.00
Chlamydia NAA	87491	49.71
Dark Field	87164	16.00
Gonorrhea NAA	87591	49.17
Gram Stain	87205	12.00
HIV Antibody (oral and serum)	86701	16.00
IFA Insect Identification	LYMEIFA	23.00
Insect Identification	87168	7.00
MALA/CRYPTO Identification	87207	20.00
Mycology Culture	87102	12.00
Mycology Primary	87101	12.00
Oral Fluid Western Blot	86689	37.00
Ova & Parasite (Trichrome)	87133	42.00
Pinworm Identification	87172	15.00
Quantiferon Gold Intube	86480	70.00
Rabies Dissection/Fluorescent Stain	Rabies FRA	60 – 100 – 150.00
RPR Qualitative	86592	7.00
RPR Quantitative	86593	8.00
STAT STD Wet mount	87210	6.50
Stool Culture Enteric Pathogens	87045 / 87081	22.00
Strep A Screen	87072	15.00
Strep Throat, GC, VAG	87081	6.00
Syphilis Confirm (TPPA)	86781	22.00
Viral PCR (includes influenza / norovirus)	NEW	45.00
Water Testing - bromide Ion	BRO	29.00
Water Testing - chloride Ion	CHL	19.50
Water Testing - detergent detection	ABS	23.00
Water Testing - entire Ion list	INTOT	110.00
Water Testing - fluoride Ion	FLU	23.50
Water Testing - heterotropic plate count	HPC	27.50
Water Testing - most probably number	MPN	28.00
Water Testing - nitrate Ion	NIT	25.50
Water Testing - nitrite Ion	NITR	25.50
Water Testing - phosphate Ion	PHO	27.00
Water Testing - presence / absence	COLILERT	18.00
Water Testing - sulfate Ion	SUL	23.00
West Nile Virus Antibody	86790	16.00
Wet mount	87210	6.50

**El Dorado County Health Services Department
Public Health Division Laboratory**
931 Spring Street
Placerville, CA 95667
530-621-6115

Marshall Hospital Specimen Submittal Form

Patient Demographic Information:

****ATTACH COPY OF FACESHEET AND FILL IN PATIENT NAME AND DOB BELOW****

Name (last, first): _____ **Date of Birth:** _____

Test Ordered:

- AFB / Tuberculosis
- Quantiferon Gold / Tuberculosis
- West Nile Virus – **Collect Specimens 7 days from Symptom Onset**
- Pertussis Culture / PCR – **Call Public Health Laboratory Prior to Sending Specimen**
- Miscellaneous Tests – **Call Public Health Laboratory Prior to Sending Specimen**

Specimen Source:

Tuberculosis -- AFB / Quantiferon Gold:				
<input type="checkbox"/> Sputum	<input type="checkbox"/> Gastric Lavage	<input type="checkbox"/> Urine	<input type="checkbox"/> Bronchial Wash	
<input type="checkbox"/> Induced Sputum	<input type="checkbox"/> Tissue	<input type="checkbox"/> Serum	<input type="checkbox"/> Other	
West Nile Virus: <input type="checkbox"/> Serum Serum and CSF				
Pertussis Culture / PCR: Nasopharyngeal Swab (Dacron or Rayon)				
Miscellaneous Tests: Call Public Health Laboratory Prior to Sending Specimens				

Onset Date: _____ Collection Date: _____ Collection Time: _____

Ordering Physician: _____ Physician Fax Number: _____

Public Health Division Laboratory Use Only
